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## **HANDICAP PARKING SPACE APPLICATION**

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PLEASE **ANSWER ALL QUESTIONS** FULLY AND CAREFULLY.

ATTACH ALL NECESSARY DOCUMENTS, IN ORDER TO COMPLETE APPLICATION PROCESS.

### **PLEASE READ BEFORE FILLING OUT APPLICATION**

YOUR APPLICATION FOR A HANDICAP PARKING SPACE WILL BE REVIEWED AND EVALUATED BASED ON THE YONKERS HANDICAPPED PARKING BOARD GUIDELINES.

### **PROCEDURE FOR REQUESTING A HANDICAP PARKING SPACE AND GUIDELINES:**

1. DISABLED PERSON (SEE 6) MUST APPLY.
2. APPLICANT MUST HAVE NO GARAGE OR DRIVEWAY/OR AVAILABLE OFF-STREET PARKING SPACE.
3. WAIVERS MUST BE SUBMITTED BY APPLICANT AND SIGNED BY SURROUNDING NEIGHBORS.
4. ALL HANDICAP-PARKING SPACES DESIGNATED AND ISSUED BY THE CITY OF YONKERS ARE TEMPORARY IN NATURE. ALL SUCH DESIGNATED SPACES EXPIRE 2 YEARS AFTER ISSUANCE AND MUST BE RENEWED. ALL RENEWALS ARE AT THE SOLE DISCRETION OF THE BOARD.
5. ALL HANDICAP PARKING SPACE SIGNS AND EQUIPMENT ARE THE SOLE PROPERTY OF THE BOARD AND THE CITY OF YONKERS.
6. APPLICANT MUST SUBMIT IN WRITING, PROOF OF THE FOLLOWING TO QUALIFY FOR A HANDICAP PARKING SPACE:
  - A. OWNERSHIP OF MOTOR VEHICLE WITH A, VALID HANDICAP PARKING PERMIT. SAID VEHICLE MUST BE REGISTERED TO, AND STORED AT, THE APPLICANT'S ADDRESS).
  - B. THE APPLICANT MUST SUBMIT A COPY OF THEIR NEW YORK DEPARTMENT OF MOTOR VEHICLES "APPLICATION FOR LICENCE PLATES AND PARKING PERMITS FOR PEOPLE WITH DISABILITIES" (MV-664) DESCRIBING THEIR MEDICAL CONDITION AND SIGNED BY THEIR PHYSICIAN. A COPY CAN BE OBTAINED AT THE YONKERS PVB.

C. PROOF THAT THE APPLICANT IS SEVERELY DISABLED. A SEVERELY DISABLED PERSON HAS ONE OR MORE OF THE FOLLOWING PERMANENT CONDITION(S):

1. LIMITED OR NO USE OF BOTH LEGS.
2. A NEURO-MUSCULAR CONDITION SEVERELY LIMITING MOBILITY.
3. BLINDNESS.
4. A PHYSICAL OR MENTAL CONDITION, CERTIFIED BY A LICENSED PHYSICIAN SPECIFIC AS TO TYPE AND PERMANENCY, WHICH REQUIRES A PARKING SPACE IN CLOSE PROXIMITY.

7. ALL SUBMISSIONS OF PROOF WILL BE REVIEWED BY THE BOARD. THE NATURE, EXTENT AND SUFFICIENCY OF PROOF REQUIRED ARE WITHIN THE SOLE DISCRETION OF THE BOARD. ALL DECISIONS BY THE BOARD ARE FINAL.
8. **MAKING A FALSE STATEMENT** OR GIVING FALSE INFORMATION ON AN APPLICATION IS A MISDEMEANOR. MAKING A FALSE STATEMENT OR PROVIDING MISINFORMATION TO OBTAIN A PARKING PERMIT FOR A PERSON WITH A DISABILITY IS A VIOLATION OF SECTION 210.45 OF THE PENAL LAW, AND IS PUNISHABLE BY FINES FROM \$250 TO \$1,000. THESE PENALTIES ALSO APPLY TO DOCTORS PROVIDING CERTIFICATIONS, AS WELL AS APPLICANTS.
9. RETURN THIS APPLICATION TO **YONKERS HANDICAPPED PARKING BOARD.**

40 SOUTH BROADWAY - 5<sup>TH</sup> FLOOR  
YONKERS, NEW YORK 10701

**HANDICAP PARKING SPACE APPLICATION**

DATE OF REQUEST: \_\_\_\_\_

DISABLED PERSONS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

LOCATION OF REQUESTED SPACE: \_\_\_\_\_

**ANSWER ALL QUESTIONS APPLICABLE TO YOU**

1. DO YOU HAVE A HANDICAP PARKING PERMIT? YES ☐ NO ☐

IF YES, GIVE PERMIT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ ISSUING AGENCY \_\_\_\_\_

DO YOU HAVE HANDICAP LICENSE PLATE? YES ☐ NO ☐

NEW YORK STATE HANDICAP LICENSE PLATE NUMBER \_\_\_\_\_

2. WHAT IS THE TYPE OF DWELLING YOU LIVE IN?

- ☐ PRIVATE HOUSE
- ☐ SMALL MULTIPLE DWELLING (2 – 7 FAMILIES)
- ☐ APARTMENT HOUSE
- ☐ CO-OP
- ☐ OTHER \_\_\_\_\_

ARE YOU THE OWNER? YES ☐ NO ☐

WHAT IS THE NUMBER OF FAMILIES PRESENT? \_\_\_\_\_

PARKING AVAILABLE: (FREE OF CHARGE OR NOT)  
CHECK ALL THAT APPLY

- ☐ DRIVEWAY
- ☐ GARAGE
- ☐ OFF-STREET / NON-STREET \_\_\_\_\_
- ☐ OTHER \_\_\_\_\_

WHERE DO YOU PRESENTLY PARK? \_\_\_\_\_

3. WHAT ARE YOUR NEIGHBORING DWELLINGS?

ON YOUR RIGHT:

- ☐ PRIVATE HOUSE
- ☐ SMALL MULTIPLE DWELLING (2 – 7 FAMILIES)
- ☐ APARTMENT HOUSE
- ☐ CO-OP
- ☐ OTHER \_\_\_\_\_

WHAT IS THE NUMBER OF FAMILIES PRESENT? \_\_\_\_\_

IS THE OWNER A RESIDENT?

YES ☐

NO ☐

ON YOUR LEFT:

- ☐ PRIVATE HOUSE
- ☐ SMALL MULTIPLE DWELLING (2 – 7 FAMILIES)
- ☐ APARTMENT HOUSE
- ☐ CO-OP
- ☐ OTHER \_\_\_\_\_

WHAT IS THE NUMBER OF FAMILIES PRESENT? \_\_\_\_\_

IS THE OWNER A RESIDENT?

YES ☐

NO ☐

4. WHAT IS YOUR PRESENT OCCUPATION? \_\_\_\_\_

WHAT IS THE LOCATION OF YOUR WORK/SCHOOL? \_\_\_\_\_

HOW MANY DAYS A WEEK DO YOU GO THERE? \_\_\_\_\_

HOW DO YOU GET THERE? \_\_\_\_\_

HOW OFTEN DO YOU GO OUT?

- ☐ SEVERAL TIMES A DAY DAILY
- ☐ 2 – 3 TIMES A WEEK
- ☐ ONCE A WEEK
- ☐ LESS THAN ONCE A WEEK

FOR WHAT REASON DO YOU GO OUT?

- ☐ WORK / SCHOOL
- ☐ MEDICAL APPOINTMENTS
- ☐ PHYSICAL THERAPY
- ☐ SHOPPING
- ☐ SOCIAL ACTIVITIES
- ☐ OTHER \_\_\_\_\_

5. PLEASE EXPLAIN THE PARTICULAR DIFFICULTY YOU HAVE WITH YOUR PRESENT PARKING SITUATION:

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I DO HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED HERE IS TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**WAIVER FORM – HANDICAP PARKING SPACE**

SPACE LOCATION: \_\_\_\_\_

DISABLED PERSON'S NAME: \_\_\_\_\_

NEIGHBOR'S NAME: \_\_\_\_\_  
(PRINT)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(Signature shall be verified by phone)

SIGNATURE: \_\_\_\_\_ / /  
DATE

PROXIMITY TO REQUESTED SPACE LOCATION:  
(PLEASE CHECK APPROPRIATE SPACE BELOW)

☐ I LIVE ADJACENT TO \_\_\_\_\_

☐ I LIVE ACROSS FROM \_\_\_\_\_

☐ I LIVE IN THE SAME MULTIPLE DWELLING \_\_\_\_\_

☐ I AM THE LANDLORD \_\_\_\_\_

I, \_\_\_\_\_ AGREE AND HAVE NO OBJECTIONS REGARDING THE  
PROPOSED HANDICAP PARKING SPACE REQUESTED  
AT LOCATION SPECIFIED ABOVE.

**WAIVER FORM – HANDICAP PARKING SPACE**

SPACE LOCATION: \_\_\_\_\_

DISABLED PERSON'S NAME: \_\_\_\_\_

NEIGHBOR'S NAME: \_\_\_\_\_  
(PRINT)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(Signature shall be verified by phone)

SIGNATURE: \_\_\_\_\_ / /  
DATE

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**PROXIMITY TO REQUESTED SPACE LOCATION:**  
(PLEASE CHECK APPROPRIATE SPACE BELOW)

☐ I LIVE ADJACENT TO \_\_\_\_\_

☐ I LIVE ACROSS FROM \_\_\_\_\_

☐ I LIVE IN THE SAME MULTIPLE DWELLING \_\_\_\_\_

☐ I AM THE LANDLORD \_\_\_\_\_

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SPACE LOCATION: \_\_\_\_\_

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NEIGHBOR'S NAME: \_\_\_\_\_  
(PRINT)

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(Signature shall be verified by phone)

SIGNATURE: \_\_\_\_\_ / /  
DATE

**PROXIMITY TO REQUESTED SPACE LOCATION:**  
(PLEASE CHECK APPROPRIATE SPACE BELOW)

- ☐ I LIVE ADJACENT TO \_\_\_\_\_
- ☐ I LIVE ACROSS FROM \_\_\_\_\_
- ☐ I LIVE IN THE SAME MULTIPLE DWELLING \_\_\_\_\_
- ☐ I AM THE LANDLORD \_\_\_\_\_

I, \_\_\_\_\_ AGREE AND HAVE NO OJECTIONS REGARDING THE  
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